



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you/your child may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to health information about you/your child, you have certain rights. This section explains your rights and some of our responsibilities to help you/your child.

Get an electronic or paper copy of the medical record for you/your child

- You can ask to see or get an electronic or paper copy of the medical record for you/your child and other health information we have about you/your child. Ask us how to do this.
- We will provide a copy or a summary of health information for you/your child, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct the medical record for you/your child

- You can ask us to correct health information about you/your child that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect the care of you/your child.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared health information about you/your child for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you/your child

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise the rights of you/your child and make choices about health information about you/your child.
- We will make sure the person has this authority and can act for you/your child before we take any action.

File a complaint if you feel the rights of you/your child are violated

- You can complain if you feel we have violated the rights of you/your child by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share information about you/your child in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in the care of you/your child
- Share information in a disaster relief situation
- Include information about you/ your child in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you/your child are unconscious, we may go ahead and share information about you/your child if we believe it is in the best interest of you/your child. We may also share information about you/your child when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share information about you/your child unless you give us written permission:

- Marketing purposes
- Sale of information about you/your child
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Uses and Disclosures

How do we typically use or share health information about you/your child? We typically use or share health information about you/your child in the following ways.

Treat you/your child

- We can use health information about you/ your child and share it with other professionals who are treating you/your child.

Example: A doctor treating you/your child for an injury asks another doctor about the overall health condition of you/your child.

Run our organization

- We can use and share health information about you/your child to run our practice, improve care for you/your child, and contact you when necessary.

Example: We use health information about you/your child to manage the treatment and services provided to you/ your child.

Bill for services for you/your child

- We can use and share the health information about you/your child to bill and get payment from health plans or other entities.

Example: We give information about you/your child to your health insurance plan so it will pay for the services provided to you/your child.

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How else can we use or share health information about you/your child? We are allowed or required to share information about you/your child in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share information about you/your child for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you/your child for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share information about you/your child for health research.

Comply with the law

- We will share information about you/your child if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you/your child with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you/your child:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you/your child in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of protected health information about you/your child.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of information about you/your child.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share information about you/your child other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you/your child. The new notice will be available upon request, in our office, and on our web site.

Effective Date: 02/21/2017

This Notice of Privacy Practices applies to the following organizations.

This notice applies to Children's Mercy - Cass County Pediatrics and Adolescents.

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